



DEPARTMENT OF PROCURMENT MANAGEMENT

CERTIFICATION STATUS CHANGE REQUEST

Name of Business: _____ Address: ☐ (check if new) _____

President/Owner: _____ Telephone: _____ Commissioner District#: _____

Fax: _____ Cell: _____ E-Mail: _____

Owner's Primary Residence: _____ (SBE and LDB Programs Only)

Change(s) Requested: ☐ Add or ☐ Delete the following certification(s):
☐ Community Small Business Enterprise (CSBE) ☐ Community Business Enterprise (CBE)
☐ Micro/Small Business Enterprise (MICRO/SBE) ☐ Local Developing Business (LDB)
☐ Disadvantaged Business Enterprise (DBE) ☐ Airport Concessionaire Disadvantaged Business Enterprise (ACDBE)

☐ Add or ☐ Delete Indicate trade(s)/professional category/categories:

Ownership Change

_____/_____/_____ ☐ Y ☐ N _____/_____/_____ ☐ Y ☐ N
 Owner's Name(New ☐ Y ☐ N) % Owned Ethnicity Owner's Name(New ☐ Y ☐ N) % Owned Ethnicity

Other Firms Owned

_____/_____/_____ ☐ Y ☐ N _____/_____/_____ ☐ Y ☐ N
 Owner's Name(New ☐ Y ☐ N) % Owned Ethnicity Owner's Name(New ☐ Y ☐ N) % Owned Ethnicity

_____/_____/_____ ☐ Y ☐ N _____/_____/_____ ☐ Y ☐ N
 Owner's Name % Owned Ethnicity Qualifier/License Holder % Owned Ethnicity

* Please list on a separate page all other firms owned and/or affiliated by above owner(s).

Number of Employees: Permanent Full-Time _____ Part Time _____ Temporary _____

STATE OF FLORIDA:

COUNTY OF MIAMI-DADE:

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgement personally appeared _____, who being first duly sworn, deposes and affirms that the provided information statements are true and correct to the best of his/her knowledge, information and belief.

Signature of Owner

SWORN TO and subscribe before me this _____ day of _____, 200__ by _____
 (Name of Affiant)

NOTARY PUBLIC State of Florida at Large
 My Commission Expires: _____

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR, SUB-CONTRACTOR, VENDOR OR SUB VENDOR TO CIVIL OR CRIMINAL PROSECUTION. SEE CHAPTER 837, SECTION 337.012, TITLE 32 OF FLORIDA STATE CODE

DO NOT WRITE BELOW THIS LINE

Date received _____ Date assigned _____ Departmental Action Assigned to _____ Date: _____
 Eligibility Review Meeting Date (Attach reports if applicable) _____ and/or Site Visit Date: _____ conducted

Staff Recommendation:

() Approve for requested revisions () Deny for requested revisions for the following reason(s):

Assigned Specialist: _____ Date: _____ Unit Manager: _____ Date: _____
 Division Director: _____ Date: _____